

Rec'd PCTO

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Docket No.: ACM 2975 P1-USDECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **USE OF CARBOXYMETHYL CELLULOSE (CMC) IN FRUIT-BASED PRODUCTS**

the specification of which:

☒ Was filed on **December 1, 2003** as Application Ser. No. **PCT/EP2003/013682**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. All factual statements made in the specification of my own knowledge are true and all factual statements made on information and belief are believed to be true.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

|                   |               |                         | <u>Priority Claimed</u>        |
|-------------------|---------------|-------------------------|--------------------------------|
| <u>02080138.7</u> | <u>EUROPE</u> | <u>04 DECEMBER 2002</u> | <u>X</u> Yes <u>    </u> No    |
| (Number)          | (Country)     | (Day/Month/Year)        |                                |
|                   |               |                         | <u>    </u> Yes <u>    </u> No |
| (Number)          | (Country)     | (Day/Month/Year)        |                                |

I hereby claim the benefit under Title 35, United States Code § 119 of any provisional application(s) listed below:

| <u>Appln. Ser. No.</u> | <u>Country</u> | <u>Day/Month Year</u> |
|------------------------|----------------|-----------------------|
|------------------------|----------------|-----------------------|

ACM 2975 P1-US

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112,

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(Appln. Ser. No.) (Filing Date) (Status: patented, pending, abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following as my attorneys of record, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office:


6- Louis A. Morris, Reg. No. 28,100  
Ralph J. Mancini, Reg. No. 34,054  
Joan M. McGillicuddy, Reg. No. 35,608

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Sec. 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1- Full name of first inventor Conrardus Hubertus Joseph Theeuwen

Inventor's signature 

Date 15 - June - 2005.

Residence Duiven, Netherlands

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2 w  
Full name of second inventor, if any Berend Jan Dijk

Inventor's signature 

Date 15 June - 2008

Residence Leusden, Netherlands NLX

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Full name of third inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fourth inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_